

BSC2.06		Neuropsychological Testing	
Original Policy Date:	February 5, 2010	Effective Date:	January 1, 2025
Section:	2.0 Medicine	Page:	Page 1 of 9

Policy Statement

- I. Neuropsychological testing (initial assessment or assessment over time) may be considered **medically necessary** when **both** of the following criteria are met:
 - A. Where service is needed in order to do **any** of the following:
 1. Assess cognitive or behavioral deficits related to known or suspected CNS impairment, trauma, or neuropsychiatric disorders, including when the information will be useful in determining a diagnosis, prognosis, or informing treatment planning
 2. Establish a treatment plan by measuring functional abilities/ impairments in individuals with known or suspected CNS and neuropsychiatric disorders
 3. Determine the potential impact of substances that may cause cognitive impairment (e.g., radiation, chemotherapy, prescribed or illicit drugs, toxins) or result in measurable improvement in cognitive function, including when this information is utilized to determine treatment planning
 4. Conduct pre-surgical or treatment-related measurement of cognitive function to determine whether one might safely proceed with a medical or surgical procedure that may affect brain function (e.g., deep brain stimulation, resection of brain tumors or arteriovenous malformations, epilepsy surgery, stem cell or organ transplant) or significantly alter a patient's functional status
 5. Determine whether a medical condition impairs a patient's ability to comprehend and participate effectively in treatment regimens (e.g., surgical procedures, determining functional capacity for health care decision-making) or will permit the individual to function consistent with pre-injury or pre-illness levels
 6. Design, administer, and/or monitor outcomes of cognitive rehabilitation procedures, such as compensatory memory training for brain-injured patients
 7. Measure cognitive or functional deficits in children and adolescents based on an inability to develop expected knowledge, skills or abilities as required to adapt to cognitive, social, emotional, or physical demands
 8. Evaluate primary symptoms of impaired attention and concentration that can occur in many medical and psychiatric conditions
 - B. Where service is NOT used for **any** of the following:
 1. The patient is neurologically, cognitively, or psychologically unable to participate in a meaningful way in the testing process
 2. The patient will not benefit from reasonable therapeutic or care options—there must be a reasonable expectation from a medical or psychological management perspective
 3. Used as a routine screening tool given to the individual or to general populations in the absence of clinical justification (e.g., medical or psychological rationale)
 4. Administered for educational, vocational, or other non-clinical purposes that do not inform medical or health management (i.e., the purpose of testing is to alter or direct medical or health management)
 5. Comprised **exclusively** of self-administered, self-created, or self-scored inventories
 6. Comprised exclusively of screening tests of cognitive function or neurological disease (whether paper-and-pencil or computerized, e.g., AIMS, Folstein Mini-Mental Status Examination)
 7. Testing and/or repeat testing is not required for medical or clinical decision-making (e.g., when the repeat testing is because of patient request without clinical justification)
 8. Administered when the patient is currently under the undue influence or impaired by alcohol, drugs (prescription or illicit), or other substances
 9. Administered when the patient is currently experiencing acute delirium or psychosis

10. The patient has been diagnosed previously with brain dysfunction, such as Alzheimer's disease, and there is no expectation that the testing would impact the patient's medical, psychological, clinical, functional, or behavioral management

NOTE: Refer to [Appendix A](#) to see the policy statement changes (if any) from the previous version.

Policy Guidelines

Neuropsychological assessments are frequently requested to assess cognitive functioning for patients with a history of medical or neurological disorders that compromise cognition; congenital, genetic, or metabolic disorders known to be associated with impairments in cognitive or brain development; and reported impairments in cognitive functioning.

Neuropsychological evaluations are also requested to assess cognitive function as a part of treatment planning, determining response to interventions, and to evaluate cognitive function as a part of the standard of care for treatment selection and treatment outcome evaluations (e.g., deep brain stimulators, epilepsy surgery).

Neuropsychological assessment is not limited in relevance to patients with evidence of structural brain damage. It is frequently necessary to document impairments in patients with possible/probable neuropsychological and neurobehavioral disorders. It is the evaluative approach of choice whenever objective documentation of subjective cognitive complaints and symptom validity testing are indicated.

Coding

See the [Codes table](#) for details.

Description

Neuropsychological testing is an evaluation of cognition, mood, personality, and behavior that is normally conducted by licensed clinical neuropsychologists. Neuropsychological testing provides the basis for the conclusions regarding neurocognitive effects of various medical disorders and assists in the differentiation of psychiatric from neurological disorders. The evaluation includes a formal interview, a review of medical, educational, and vocational records, interviews with significant others, and a battery of standardized neuropsychological assessments. The testing quantifies a patient's higher cortical functioning and may include various aspects of attention, memory, speed of information processing, language, visual spatial ability, sensory processing, motor ability, higher-order executive functioning, and intelligence. The goal of neuropsychological testing may be clarification of diagnosis, determination of the clinical and functional significance of a brain abnormality, or development of recommendations regarding neurological rehabilitation planning, but is always for the purpose of shaping treatment.

Related Policies

- N/A

Benefit Application

Benefit determinations should be based in all cases on the applicable contract language. To the extent there are any conflicts between these guidelines and the contract language, the contract language will control. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

Some state or federal mandates (e.g., Federal Employee Program [FEP]) prohibits plans from denying Food and Drug Administration (FDA)-approved technologies as investigational. In these instances, plans may have to consider the coverage eligibility of FDA-approved technologies on the basis of medical necessity alone.

Regulatory Status

These guidelines have been formulated based on the comprehensive work conducted by the American Psychological Association (APA) and adhere to the standards they have established. They have been adopted in their entirety to ensure compliance with Senate Bill 855 concerning health coverage for mental health or substance use disorders.

Rationale

Neuropsychological Assessment

Neuropsychological assessments provide measurements of behavioral manifestations of central nervous system (CNS) disorders using techniques that provide objectivity, validity, and reliability. Information acquired from neuropsychological assessments can directly inform medical decisions by providing data relevant to diagnosis, progression or course of conditions, prognosis, and treatment of disorders. In addition, neuropsychological assessments can aid in making accurate predictions about functional abilities across a variety of disorders (Chaytor & Schmitter-Edgecombe, 2003; Gure, Kabeto, Plassman, Piette, & Langa, 2010; Marcotte & Grant, 2010; Sbordone & Long, 1996; Stilley, Bender, (unbar-Jacob, Sereika, & Ryan, 2010; Wilson, 1993; Wojtasik et al., 2009), and information from neuropsychological assessments are often incorporated into physician discharge summaries (Temple, Carvalho, & Tremont, 2006). Neuropsychological tests are administered in the context of a comprehensive evaluation that synthesizes data from clinical interview, record review, medical history, and behavioral observations.

Where appropriate, these evaluations consider neuroimaging, other neuro-diagnostic studies, and other lab/diagnostic studies to inform neuropsychologically-oriented interventions (AACN 2007).

Neuropsychological testing involves administration of standardized tests of cognitive and emotional functioning by a psychologist or QHP or appropriately-trained technician (also known as psychometrists) under the direction and supervision of the psychologist or QHP. There is no definition or guideline in Medicare of what a technician is, and definitions differ on a state-by-state basis. Technician supervision, instrument selection, data interpretation and analysis, report writing, consultation, interpretation of neuropsychological findings, and integration of assessment data with other relevant clinical data are the responsibility of the psychologist or QHP, who is independently licensed at the doctoral level. This is typically a clinical psychologist with appropriate training and expertise in neuropsychological assessment and cognitive functioning.

Other neuropsychological evaluation services include review of relevant medical records, clinical decision making that occurs throughout the course of the assessment process, integration of test results with other clinically relevant information, and interactive feedback of evaluation results to the patient and/or caregiver. *(For more information see description of individual services below.)*

Neuropsychological assessment typically requires gathering information across multiple psychological domains, including but not limited to: abstract reasoning, attention, language, problem-solving, memory, visual-spatial abilities, adaptive skills, and mood.

References

1. American Psychological Association. (2024). 2024 Psychological and Neuropsychological Testing Billing and Coding Guide.
<https://www.apaservices.org/practice/reimbursement/health-codes/testing/billing-coding.pdf>. Accessed November 22, 2024.

Documentation for Clinical Review

Please provide the following documentation:

- History and physical and/or consultation notes including:
 - Complete neurological examination
 - Mental status exam
 - Current diagnoses or comorbidities
 - DSM-V diagnosis(es) if applicable
 - Tests requested
 - Purpose of testing (outstanding issues related to differential diagnosis or rule-out diagnoses to be evaluated)
 - Total hours requested for testing and reporting

Coding

This Policy relates only to the services or supplies described herein. Benefits may vary according to product design; therefore, contract language should be reviewed before applying the terms of the Policy.

The following codes are included below for informational purposes. Inclusion or exclusion of a code(s) does not constitute or imply member coverage or provider reimbursement policy. Policy Statements are intended to provide member coverage information and may include the use of some codes for clarity. The Policy Guidelines section may also provide additional information for how to interpret the Policy Statements and to provide coding guidance in some cases.

Type	Code	Description
CPT®	96116	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, [e.g., acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities]), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; first hour
	96121	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, [e.g., acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities]), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; each additional hour (List separately in addition to code for primary procedure)
	96132	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour

Type	Code	Description
	96133	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (List separately in addition to code for primary procedure)
	96136	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; first 30 minutes
	96137	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; each additional 30 minutes (List separately in addition to code for primary procedure)
	96138	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes
	96139	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; each additional 30 minutes (List separately in addition to code for primary procedure)
	96146	Psychological or neuropsychological test administration, with single automated, standardized instrument via electronic platform, with automated result only
HCPCS	None	

Policy History

This section provides a chronological history of the activities, updates and changes that have occurred with this Medical Policy.

Effective Date	Action
02/05/2010	New Policy
04/30/2015	Policy revision with position change
06/01/2016	Policy revision without position change
06/01/2017	Policy revision without position change
07/01/2017	Policy revision without position change
10/01/2018	Policy revision without position change
02/01/2019	Coding update
12/01/2019	Policy revision without position change
04/01/2020	Administrative update
06/01/2020	Annual review. Policy statement clarification.
06/01/2021	Annual review. No change to policy statement.
08/01/2021	Administrative Review
07/01/2022	Annual review. No change to policy statement.
07/01/2023	Annual review. No change to policy statement.
07/01/2024	Annual review. No change to policy statement.
01/01/2025	Annual review. Policy statement, guidelines and literature review updated.

Definitions of Decision Determinations

Medically Necessary: Services that are Medically Necessary include only those which have been established as safe and effective, are furnished under generally accepted professional standards to treat illness, injury or medical condition, and which, as determined by Blue Shield, are: (a) consistent with Blue Shield medical policy; (b) consistent with the symptoms or diagnosis; (c) not furnished primarily for the convenience of the patient, the attending Physician or other provider; (d) furnished at the most appropriate level which can be provided safely and effectively to the patient; and (e) not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of the Member's illness, injury, or disease.

Investigational/Experimental: A treatment, procedure, or drug is investigational when it has not been recognized as safe and effective for use in treating the particular condition in accordance with generally accepted professional medical standards. This includes services where approval by the federal or state governmental is required prior to use, but has not yet been granted.

Split Evaluation: Blue Shield of California/Blue Shield of California Life & Health Insurance Company (Blue Shield) policy review can result in a split evaluation, where a treatment, procedure, or drug will be considered to be investigational for certain indications or conditions, but will be deemed safe and effective for other indications or conditions, and therefore potentially medically necessary in those instances.

Prior Authorization Requirements (as applicable to your plan)

Within five days before the actual date of service, the provider must confirm with Blue Shield that the member's health plan coverage is still in effect. Blue Shield reserves the right to revoke an authorization prior to services being rendered based on cancellation of the member's eligibility. Final determination of benefits will be made after review of the claim for limitations or exclusions.

Questions regarding the applicability of this policy should be directed to the Prior Authorization Department at (800) 541-6652, or the Transplant Case Management Department at (800) 637-2066 ext. 3507708 or visit the provider portal at www.blueshieldca.com/provider.

We are interested in receiving feedback relative to developing, adopting, and reviewing criteria for medical policy. Any licensed practitioner who is contracted with Blue Shield of California or Blue Shield of California Promise Health Plan is welcome to provide comments, suggestions, or concerns. Our internal policy committees will receive and take your comments into consideration.

For utilization and medical policy feedback, please send comments to: MedPolicy@blueshieldca.com

Disclaimer: This medical policy is a guide in evaluating the medical necessity of a particular service or treatment. Blue Shield of California may consider published peer-reviewed scientific literature, national guidelines, and local standards of practice in developing its medical policy. Federal and state law, as well as contract language, including definitions and specific contract provisions/exclusions, take precedence over medical policy and must be considered first in determining covered services. Member contracts may differ in their benefits. Blue Shield reserves the right to review and update policies as appropriate.

Appendix A

POLICY STATEMENT

BEFORE <u>Red font: Verbiage removed</u>	AFTER <u>Blue font: Verbiage Changes/Additions</u>
<p>Neuropsychological Testing BSC2.06</p> <p>Policy Statement: The following criteria have been adapted from the Blue Shield of California Mental Health Service Administrator.</p> <ol style="list-style-type: none"> I. Neuropsychological testing may be considered medically necessary when both of the following criteria have been met: <ol style="list-style-type: none"> A. A thorough mental status exam, patient history, and neurological evaluation has been completed B. One or more of the following: <ol style="list-style-type: none"> 1. There are cognitive deficits that are currently unexplained and testing is needed to help direct further neurological evaluation 2. There is already evidence of <u>neurological disease or trauma</u> and neuropsychological testing is needed to determine what capabilities the patient has (e.g., financial management), or what the patient may need help with (rehabilitation potential, discharge placement, etc.) 3. There is a degenerative neurological disease process and neuropsychological testing is needed to establish a baseline of functioning or repeat testing is needed to assess changes (to see if the condition worsens or improves with treatments such as deep brain stimulation, behavioral treatment, occupational therapy or pharmacotherapy) 4. To help determine if a mental disorder is due to a neurological or neuroendocrine medical condition or treatment (versus psychiatric disease alone) when the diagnosis cannot be made through standard psychiatric or medical/neurological examination 	<p>Neuropsychological Testing BSC2.06</p> <p>Policy Statement:</p> <ol style="list-style-type: none"> I. Neuropsychological testing (initial assessment or assessment over time) may be considered medically necessary when both of the following criteria are met: <ol style="list-style-type: none"> A. Where service is needed in order to do any of the following: <ol style="list-style-type: none"> 1. Assess cognitive or behavioral deficits related to known or suspected CNS impairment, trauma, or neuropsychiatric disorders, including when the information will be useful in determining a diagnosis, prognosis, or informing treatment planning 2. Establish a treatment plan by measuring functional abilities/ impairments in individuals with known or suspected CNS and neuropsychiatric disorders 3. Determine the potential impact of substances that may cause cognitive impairment (e.g., radiation, chemotherapy, prescribed or illicit drugs, toxins) or result in measurable improvement in cognitive function, including when this information is utilized to determine treatment planning 4. Conduct pre-surgical or treatment-related measurement of cognitive function to determine whether one might safely proceed with a medical or surgical procedure that may affect brain function (e.g., deep brain stimulation, resection of brain tumors or arteriovenous malformations, epilepsy surgery, stem cell or organ transplant) or significantly alter a patient's functional status 5. Determine whether a medical condition impairs a patient's ability to comprehend and participate effectively in treatment regimens (e.g., surgical procedures, determining functional capacity for health care decision-making) or will

POLICY STATEMENT

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<p>II. Neuropsychological testing is considered not medically necessary for any of the following purposes:</p> <ul style="list-style-type: none"> A. Non-medical uses of testing (e.g., assessing a learning disability; developing an educational or vocational plan) B. The testing results could be invalid due to the influence of a substance, substance abuse, substance withdrawal, or any situation that would affect neuropsychological testing (e.g., an individual who is uncooperative or lacks the ability to comprehend the necessary directions for having neuropsychological testing administered) C. The testing is primarily for diagnosing attention-deficit hyperactive disorder (ADHD), unless standard testing (diagnostic interview, clinical observations, and results of appropriate behavioral rating scales) is inconclusive D. Two or more tests are being requested that measure the same functional domain E. Testing is primarily for legal purposes, including custody evaluations, parenting assessments, or other court or government ordered or requested testing F. Requested tests are experimental, antiquated, or not validated G. The testing request is made prior to the completion of a diagnostic interview by a behavioral health provider, unless pre-approved by Human Affairs International of California (HAI-CA) 	<p>permit the individual to function consistent with pre-injury or pre-illness levels</p> <ul style="list-style-type: none"> 6. Design, administer, and/or monitor outcomes of cognitive rehabilitation procedures, such as compensatory memory training for brain-injured patients 7. Measure cognitive or functional deficits in children and adolescents based on an inability to develop expected knowledge, skills or abilities as required to adapt to cognitive, social, emotional, or physical demands 8. Evaluate primary symptoms of impaired attention and concentration that can occur in many medical and psychiatric conditions <p>B. Where service is NOT used for any of the following:</p> <ul style="list-style-type: none"> 1. The patient is neurologically, cognitively, or psychologically unable to participate in a meaningful way in the testing process 2. The patient will not benefit from reasonable therapeutic or care options-there must be a reasonable expectation from a medical or psychological management perspective 3. Used as a routine screening tool given to the individual or to general populations in the absence of clinical justification (e.g., medical or psychological rationale) 4. Administered for educational, vocational, or other non-clinical purposes that do not inform medical or health management (i.e., the purpose of testing is to alter or direct medical or health management) 5. Comprised exclusively of self-administered, self-created, or self-scored inventories 6. Comprised exclusively of screening tests of cognitive function or neurological disease (whether paper-and-pencil or computerized, e.g., AIMS, Folstein Mini-Mental Status Examination) 7. Testing and/or repeat testing is not required for medical or clinical decision-making (e.g., when the repeat testing is because of patient request without clinical justification)

POLICY STATEMENT

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<p>H. The <u>number of hours</u> requested for the administration, scoring, interpretation and reporting exceeds the generally accepted standard for the specific testing instrument(s) or overall, unless justified by particular testing circumstances (e.g., 12 hours total)</p> <p>I. Differentiating between two or more possible psychiatric diagnoses without a neurologic condition</p>	<p>8. Administered when the patient is currently under the undue influence or impaired by alcohol, drugs (prescription or illicit), or other substances</p> <p>9. Administered when the patient is currently experiencing acute delirium or psychosis</p> <p>10. The patient has been diagnosed previously with brain dysfunction, such as Alzheimer's disease, and there is no expectation that the testing would impact the patient's medical, psychological, clinical, functional, or behavioral management</p>